

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>69142-222</u>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1						
2		1		1					
3		1							
4		1							
5		1							
6		1							
7		1							
8		1							
9		1							
10		1							
11		1							
12		1							
13		1							
14		1							
15		1							
16		1							
17		1							
18		1							
19		1							
20		1							
21		1							
22		1							
23		1							
24		1							
25		1							
26		1							
27		1							
28		1							
29		1							
30		1							
31		1							
32		1							
33		1							
34		1							
35		1							
36		1							
37		1							
38		1							
39		1							
40		1							
41		1							
42		1							
43		1							
44		1							
45		1							
46		1							
47		1							
48		1							
49		1							
50		1							
51		1							
52		1							
53		1							
54		1							
55		1							
56		1							
57		1							
58		1							
59		1							
60		1							
61		1							
62		1							
63		1							
64		1							
65		1							
66		2							
67		2							
68		2							
69									
70									
71									
72									
73									
74									
75									
76									
77									
78									
79									
80									
81									
82									
83									
84									
85									
86									
87									
88									
89									
90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100									
TOTAL IND.							TOTAL IND.	2	5
TOTAL DEP.							TOTAL DEP.	19	67
TOTAL CLAIMS							TOTAL CLAIMS	71	72